

Dr. Green,

Do you know this one?

No

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LOCAL FILE NUMBER

26-160

CERTIFICATE OF LIVE BIRTH

STATE OF UTAH — DEPARTMENT OF HEALTH

STATE BIRTH NUMBER

CHILD	1. CHILD—NAME FIRST MIDDLE LAST Aaron Tyler Sperry	2. SEX Male	3a. DATE OF BIRTH (Mo., Day, Year) August 16, 1981	3b. HOUR (24 hr. clock) 7:45
	4a. PLACE OF BIRTH—HOSPITAL NAME (If not in hospital, give street and number) Home-Daniels	4b. CITY, TOWN OR LOCATION OF BIRTH Daniels	4c. COUNTY OF BIRTH Wasatch	
CERTIFIER	I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. 5a. Signature 5b. CERTIFIER'S NAME AND TITLE (Type and check box) Hospital Administrator <input type="checkbox"/> Designated Representative <input type="checkbox"/>		I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. 5a. Attendant Signature 5b. ATTENDANT—NAME, TITLE (MD, DO, Certified Midwife, other) (Type or print) Fern Bronson-Midwife	
	5c. DATE SIGNED (Mo., Day, Year) 8-24-81		5d. MAILING ADDRESS OF ATTENDANT (Street or P.O. No., City or Town, State, Zip.) P.O. Box 563 West Jordan, Utah	
REGISTRAR	6a. REGISTRAR—(Signature) 6b. REGISTRAR (Mo., Day, Year) 8-24-81	6c. MAILING ADDRESS OF ATTENDANT (Street or P.O. No., City or Town, State, Zip.) P.O. Box 563 West Jordan, Utah		
MOTHER	7. MOTHER—NAME FIRST MIDDLE MAIDEN NAME Pamela Peatross	8. DATE OF BIRTH (Mo., Day, Year) July 26, 1943	9. AGE 38	10. STATE OF BIRTH (If not in USA, name country) Utah
	11a. RESIDENCE—STREET AND NUMBER OF RESIDENCE 11b. CITY, TOWN OR LOCATION Daniels, Utah	11c. INSIDE CITY LIMITS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	11d. COUNTY Wasatch	11e. STATE Utah
	12a. MOTHER'S MAILING ADDRESS—(If same as above, enter Zip Code only.) STREET ADDRESS OR P.O. BOX NUMBER P.O. Box 308	12b. CITY OR TOWN Heber	12c. STATE Utah	12d. ZIP CODE 84032
	13. FATHER—NAME FIRST MIDDLE LAST Norman Karl Sperry			
FATHER	14. DATE OF BIRTH (Mo., Day, Year) July, 29, 1944		15. AGE 39	16. STATE OF BIRTH (If not in U.S.A., name country) Utah
INFORMANT	I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or Other Informant) Norman K. Sperry			16b. RELATION TO CHILD Father

PRIVATE INFORMATION FOR MEDICAL AND HEALTH USE ONLY

TO BE COMPLETED BY PARENTS	SPANISH ORIGIN?		USUAL OCCUPATION (Kind of work usually done even if not currently employed) Specify		PREGNANCY HISTORY (Complete each section)					
	Mother: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, indicate <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Of Spanish origin not listed; Specify		Father: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, indicate <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Of Spanish origin not listed; Specify		MOTHER Homemaker	FATHER Truck Driver	LIVE BIRTHS (Do not include this Child) 18a. Now living No. 5 <input type="checkbox"/> None		OTHER TERMINATIONS (Spontaneous and Induced) 19d. Before 20 weeks No. <input type="checkbox"/> None 19e. After 20 weeks No. <input checked="" type="checkbox"/> X <input type="checkbox"/> None	
	17a. RACE Specify White, Black, American Indian, Etc. MOTHER 21a. White		17b. RACE Specify White, Black, American Indian, Etc. FATHER 21b. White		18b. EDUCATION (Specify only highest grade completed) Elementary or secondary (0-12) - College (13-16 or 17+) MOTHER 12	18c. EDUCATION (Specify only highest grade completed) Elementary or secondary (0-12) - College (13-16 or 17+) FATHER 12	DATE of last Live Birth (Mo., Year) May 14, 1974		DATE of last Other Termination (as indicated in d or e above) (Mo., Year) October, 1977	
	22. IS MOTHER MARRIED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		23. Has a close relative of the baby had a hearing loss that existed since childhood? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24. COMPLICATIONS OF PREGNANCY (Describe or write "none") None				25. CONCURRENT ILLNESSES OR CONDITIONS AFFECTING THE PREGNANCY (Describe or write "none") None	
TO BE COMPLETED BY PHYSICIAN OR FROM MEDICAL CHART	26. THIS BIRTH Single, twin, triplet, etc. Specify Single		27. If not single birth—Born first, second, third, etc. Specify third		28. DELIVERY (Check One) <input checked="" type="checkbox"/> 1. Cephalic <input type="checkbox"/> 2. Breech <input type="checkbox"/> 3. Other		29. Method (Check One) <input checked="" type="checkbox"/> 1. Spontaneous <input type="checkbox"/> 2. Low Forceps <input type="checkbox"/> 3. Mid Forceps		30. 4. Primary C-Section 5. Repeat C-Section Indication	
	26. DATE Last normal menses began (Mo., Day, Year) Nov. 15, 1981		27. Month Pregnancy Prenatal Care began (first, second, etc.) Specify third		31. APGAR SCORE 1 min 8 5 min 9		32. PRENATAL VISITS Total No. (If none, so state) 10		33. BIRTH WEIGHT (Grams) 3515	
	34. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or write "none") None									